

Name of Person Filing ROBERT BOEHLERT	File Number U-
---------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text" value="New York"/> ZIP Code + 4 <input type="text"/>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="1"/>	11.a. Nature of such dealing. <input type="text"/> 11.b. Approximate dollar value of such dealing. <input type="text"/> 12.a. Nature of interest held or income received. <input type="text"/> 12.b. Amount. <input type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text" value="UFCW LOCAL ONE PENSION FUND"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="106 MEMORIAL PARKWAY"/> City <input type="text" value="UTICA"/> State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="13501-4887"/>	14.a. Nature of payment. <input type="text" value="ROOM AND MEALS AT THE OTESAGA HOTEL, COOPERSTOWN, NEW YORK WHILE ATTENDING TRUSTEE MEETINGS ON 8-19-04 AND 8-20-04"/> 14.b. Amount of payment. <input type="text" value="\$597"/>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing ROBERT BOEHLERT		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name SEGAL COMPANY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 101 NORTH WACKER DRIVE SUITE 500</p> <p>City CHICAGO</p> <p>State Illinois ZIP Code + 4 60606</p>		<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name UFCW LOCAL ONE HEALTH CARE FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 106 MEMORIAL PARKWAY</p> <p>City UTICA</p> <p>State New York ZIP Code + 4 13501-4887</p>		<p>11.a. Nature of such dealing.</p> <p>PROVIDES PROFESSIONAL ADVICE TO HEALTH CARE FUND</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>DINNER PROVIDED WITH SPOUSE AT EMIRIL'S RESTAURANT, NEW ORLEANS, LA. During week of 11/30/04 - 12/14/04</p> <p>12.b. Amount. \$135</p>

Name of Person Filing ROBERT BOEHLERT	File Number U-
---------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name JANUS CAPITAL GROUP
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 2603 CAMINO RAMON SUITE 200
City SAN RAMON
State California ZIP Code + 4 94583

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW LOCAL ONE PENSION FUND
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 106 MEMORIAL PARKWAY
City UTICA
State New York ZIP Code + 4 13501-4887

11.a. Nature of such dealing.

INVESTMENTS FOR FUNDS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

DINNER PROVIDED AT CHARLEY'S CRAB HOUSE, HILTON HEAD, S.C. ON 4-27-04

12.b. Amount.

\$65

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name UFCW LOCAL ONE PENSION FUND
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 106 MEMORIAL PARKWAY
City UTICA
State New York ZIP Code + 4 13501-4887

14.a. Nature of payment.

ROOM, MEALS, AIRFARE WHILE ATTENDING TRUSTEE METINGS ON 4-26, 4-27, & 4-28-04 IN HILTON HEAD, S.C. .

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$1,259

Name of Person Filing ROBERT BOEHLERT	File Number U-
---------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11.a. Nature of such dealing. <input type="text"/> 11.b. Approximate dollar value of such dealing. <input type="text"/> 12.a. Nature of interest held or income received. <input type="text"/> 12.b. Amount. <input type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name UFCW LOCAL ONE PENSION FUND Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street 106 MEMORIAL PARKWAY City UTICA State New York ZIP Code + 4 13501-4887	14.a. Nature of payment. CONFERENCE FEES, ROOM, MEALS AIRFARE, ETC. WHILE ATTENDING IFEBP CONFERENCE IN NEW ORLEANS.LA FROM 11-30-04 TO 12-4-04 14.b. Amount of payment. \$2,756
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing ROBERT BOEHLERT	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="NOVAK AND FRANCELLE, L. L. C."/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="11 PENNSYLVANIA PLAZA, SUITE 920"/></p> <p>City <input style="width: 80%;" type="text" value="NEW YORK"/></p> <p>State <input style="width: 20%;" type="text" value="New York"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="10001"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text" value="UFCW LOCAL ONE PENSION AND HEALTH CARE FUNDS"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="106 MEMORIAL PARKWAY"/></p> <p>City <input style="width: 80%;" type="text" value="UTICA"/></p> <p>State <input style="width: 20%;" type="text" value="New York"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="13501-4887"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">ACCOUNTING SERVICES FOR PENSION AND HEALTH CARE FUNDS</div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 50%;" type="text" value="\$60,000"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">DINNER PROVIDED AT STRIPES RESTAURANT, HILTON HEAD, S.C. ON 4/26/04</div> <p>12.b. Amount. <input style="width: 50%;" type="text" value="\$65"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 80%;" type="text"/></p>